

NAME (Print, Last, First, MI)

JOB SERIES

JOB TITLE

JOB NUMBER (SF 52)

**POSITION HAZARD
ANALYSIS (PHA) FOR
USACE EMPLOYEES**

(EM 385-1-1)

PREPARED BY (Print Name, Last, First, MI)

ANALYZED BY (Supervisor/SOHO)

DATE (Mo) / (Day) / (Year)

COMMAND NAME & ORGANIZATION CODE

PRIMARY DUTY LOCATION

Clearances/Certificates Required (check all that apply)

☐ Driver's License

☐ First Aid/CPR

☐ Respirator

☐ EM Ops PRT Training

☐ HTRW

☐ Confined Space Entry

☐ Boat Operator

☐ CDL

☐ Crane Operator

☐ Diver

☐ Other (List) _____

POSITION TASKS

**SAFETY AND/OR OCCUPATIONAL
HEALTH HAZARDS**

CONTROLS

1.

1.

1.

*Note: Examples of potential hazards are as follows: Safety: trenching, electrical, slips, trips, fall hazards, etc.; Physical Agent: Exposure to heat/cold, noise, stress, vibration, radiation; Chemical: Exposure to solvents, cadmium, paints, welding fumes, pesticides, etc; Biological: Exposure to bloodborne pathogens, poison ivy, insects, fungi, etc.

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**POSITION HAZARD
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POSITION TASKS CONTINUED	SAFETY AND/OR OCCUPATIONAL HEALTH HAZARDS CONTINUED	CONTROLS CONTINUED

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EQUIPMENT/PPE TO BE USED <i>(List equipment and PPE to be used for each task)</i>	INSPECTION REQUIREMENTS <i>(List inspection requirements for each work task)</i>	TRAINING REQUIREMENTS <i>(List safety/healthy training requirements for task and PPE/Equipment)</i>
1.	1.	1.

This analysis serves as the hazard assessment required by Sections 01, 05, and 06 of EM 385-1-1, U.S. Army Corps of Engineers Safety and Health Requirements Manual. The employee covered by this analysis has been instructed in the tasks to be performed, the hazards to be encountered, the potential adverse effects of exposure to such hazards and the controls (to include required medical surveillance) to be used. He/she has received adequate training specifically related to safe work practices, administrative and engineering controls and personal protective equipment (PPE) to be used in order to assure assigned work tasks are conducted in a safe and healthful manner. He/she has demonstrated an understanding of the safety and health equipment and PPE to be used to include its limitations, useful shelf-life, how to properly don, doff, adjust and wear required PPE and how to properly care for, inspect, maintain, store, and dispose. Attached is documentation of the training received, dates of such training and the subject matter taught.

Supervisor Signature _____

Employee Signature _____

Date ____/____/____

Date ____/____/____

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EQUIPMENT/PPE TO BE USED CONTINUED <i>(List equipment and PPE to be used for each task)</i>	INSPECTION REQUIREMENTS CONTINUED <i>(List inspection requirements for each work task)</i>	TRAINING REQUIREMENTS CONTINUED <i>(List safety/healthy training requirements for task and PPE/Equipment)</i>